

Caution: DRAFT FORM

This is an advance proof copy of an IRS tax form. It is subject to change and OMB approval before it is officially released.

If you have any comments on this draft form, you can submit them to us on our web site. Include the word DRAFT in your response. You may make comments anonymously, or you may include your name and e-mail address or phone number. We will be unable to respond to all comments due to the high volume we receive. However, we will carefully consider each suggestion. So that we can properly consider your comments, please send them to us within 30 days from the date the draft was posted.

Dependent Care Provider's Identification and Certification**Do NOT file Form W-10 with your tax return. Instead, keep it for your records.**

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| Part I | Dependent Care Provider's Identification (See instructions.) | |
| Please print or type | Name of dependent care provider | Provider's taxpayer identification number |
| | Address (number, street, and apt. no.) | If the above number is a social security number, check here <input type="checkbox"/> |
| | City, state, and ZIP code | |
| Certification and Signature of Dependent Care Provider. Under penalties of perjury, I, as the dependent care provider, certify that my name, address, and taxpayer identification number shown above are correct. | | |
| Please Sign Here | Dependent care provider's signature | Date |
| | Part II Name and Address of Person Requesting Part I Information (See instructions.) | |
| Name, street address, apt. no., city, state, and ZIP code of person requesting information | | |